

Ehrlichiosis/Anaplasmosis Investigation – RI Definitions & Rules for Entering Investigation

Note: **RED = Required**, **BLUE = Required Conditionally**, **BLACK = Not Required**

In accordance with the 2008 case definition, when creating an investigation please:

CHOOSE FROM:

Ehrlichiosis, chafeensis
Ehrlichiosis, ewingii
Anaplasma phagocytophilum
Ehrlichiosis/Anaplasmosis, undetermined

DO NOT CHOOSE:

Ehrlichiosis, Human granulocytic
Ehrlichiosis, Human monocytic
Ehrlichiosis, Human, other & unspec

Brief Description or Field Name	Description	RI Rules for Data Entry
Investigation Summary		
Jurisdiction	The region responsible for the investigation. RI has only 1 jurisdiction	Required
Program Area	The organizational ownership of the investigation. Program areas (e.g. General Communicable Diseases, Hepatitis, STD, HIV/AIDS, Vaccine Preventable) are defined by the conditions for which they provide primary prevention and control. This is pre-populated based on the condition.	Required
State Case ID	Open field to be used by OCD, if needed.	Not Required
Investigation Start Date	Date the investigation was entered into NEDSS.	Required
Investigation Status	The status of the investigation: Open or Closed. Leave as OPEN until the investigation is completed (i.e. until all pertinent facts necessary to evaluate the risk and determine if treatment is necessary.) Then change to CLOSED	Required
Share record with Guests	This field indicates whether or not the record should be shared with all users who have guest privileges for the Program Area/Jurisdiction. Defaults to checked. OK to leave checked. Not in use by RI at this time	Not Required
Investigator	The name of the person who is responsible for the case investigation. Quick code = first initial of first name +first 5 letters of last name.	Required.
Date assigned to Investigation	The date that the Investigation was assigned to the investigator or the date the investigator started the investigation if self-assigned	Not Required
Reporting Source		
Date of Report	Date first reported by reporting source if reported by phone or date received by person on-call if animal bite.	Not Required

Brief Description or Field Name	Description	RI Rules for Data Entry
Reporting Source	Type of facility or provider associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory	Required
Earliest Date Reported to County	Date first reported to County	Not Required
Earliest Date Reported to State	Date first reported to State	Required
Reporter	Search table for who Reported the case	Not required.
Clinical		
Physician	Search table for patient's physician.	Required if known
Was the patient hospitalized for this illness?	Was the patient hospitalized for this illness?	Required, if known
Diagnosis Date	Date of diagnosis of condition being reported.	Not required
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Required, if known
Illness End Date	The time at which the disease or condition ends.	Required, if known
Illness Duration	The length of time this person had this disease or condition. Must calculate from End Date and Onset Date	Required, if known
Age at Onset	Subject's age at the time of the incident	Required if NO DOB, otherwise not required
Is the patient pregnant?	Assesses whether or not the patient is pregnant. For Female patients only.	Required for Hepatitis only
Does the patient have pelvic inflammatory disease?	Did the patient have PID?	Not Required
Did the patient die from this illness?	Did the patient die from this illness?	Required, if known
Epidemiologic		
Is this patient associated with a day care facility?	Indicates whether the subject of the investigation was associated with a day care facility. The association could mean that the subject attended daycare or work in a daycare facility.	Not Required
Is this patient a food handler?	Indicates whether the subject of the investigation was food handler.	Not Required
Is this case part of an outbreak?	Denotes whether the reported case was associated with an identified outbreak.	Required – fill in “No” unless given specific directions otherwise.
Where was the disease acquired?	Indication of where the disease/condition was likely acquired.	Not Required
Transmission Mode	Code for the mechanism by which disease or condition was acquired by the subject of the investigation.	Not Required

Brief Description or Field Name	Description	RI Rules for Data Entry
Detection Method	Code for the method by which the public health department was made aware of the case.	Not required
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Not required
Confirmation Date	The date the case was confirmed.	Not required
Case Status	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication. Pre-entered field.	Not Required
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication. MMWR year must correspond to year that the event occurred. For example: if the event occurred in Dec 2007 and you entered the information into NEDSS in Jan 2008 you will need to change the MMWR year to 2007	Required
Administrative		
General Comments	Field which contains general comments for the investigation.	Not Required
Condition Specific Custom fields		
Was a clinically compatible illness present? (Fever or rash, plus one or more of the following signs: headache, myalgia, anemia, thrombocytopenia, leucopenia, or elevated hepatic transaminases)	Yes / No / Unknown	Required
Was an underlying immunosuppressive condition present?	Yes / No / Unknown	Required
If yes, specify underlying condition(s)	Free text	Required if known
Morulae visualization?	Yes/No/Unknown	Required
Date of death	Date of death	Required (if patient has died)
Specify any life-threatening complications in the clinical		Required

Brief Description or Field Name	Description	RI Rules for Data Entry
course of illness: Adult respiratory distress syndrome (ARDS) ?	Yes/No/Unknown	
Disseminated intravascular coagulopathy (DIC)?	Yes/No/Unknown	Required
Meningitis/encephalitis?	Yes/No/Unknown	Required
Renal failure?	Yes/No/Unknown	Required
None?	Yes/No/Unknown	Required
Other?	Yes/No/Unknown	Required
If other, please specify complication(s)	Free text	Required if known

NEDSS - Windows Internet Explorer

https://www.site3.asp.csc.com/nbs/ViewInvestigation3.do?ContextAction=Edit

File Edit View Favorites Tools Help

Home | Data Entry | Merge Patients | Investigations | Reports | System Admin | Help | Logout

Edit Investigation User: Leanne Chiaverini STAGING

Patient ID: 32000 | Investigation ID: CAS10021001RI01

Submit Cancel

Created: 03/05/2007 by: Leanne Chiaverini Updated: 05/10/2007 by: Helen McCarthy

Name: quahog digger DOB: 01/01/2001 Current Sex: Male

Patient Ehrlichiosis, Human monocytic

[Investigation Summary](#) | [Reporting Source](#) | [Clinical](#) | [Epidemiologic](#) | [Administrative](#) | [Condition Specific Custom Fields](#)

Investigation Summary [Back to Top](#)

* Jurisdiction: RI
Program Area: General Communicable Disease
State Case ID:
Investigation Start Date: 05/08/2008
Investigation Status: Open
Share record with Guests for this Program Area and Jurisdiction ☒

Investigator

Search Clear Ichiev Code Lookup

Investigator: LEANNE CHIAVERINI
DEPARTMENT OF HEALTH
3 CAPITOL HILL
PROVIDENCE, Rhode Island 02908
401-222-4756

Date Assigned to Investigation:
mm/dd/yyyy

Reporting Source [Back to Top](#)

Date of Report:
mm/dd/yyyy
Reporting Source: Laboratory

Search Clear Code Lookup

Reporting Source: SOUTH COUNTY HOSPITAL
401-789-9765
401-782-8020
100 KENYON AVENUE
WAKEFIELD, Rhode Island 02879

Earliest Date Reported to

County:
mm/dd/yyyy
State: 05/01/2008
mm/dd/yyyy

Reporter

Search Clear Code Lookup

Reporter: There is no Reporter selected.

Clinical

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Physician

Physician: DEIRDRE SMITH
INTERNAL MEDICINE ASSOC INC
SUITE 201
CRANSTON, Rhode Island 02920-0000
401-943-1300

Hospital

Was the patient hospitalized for this illness?

 No

Condition

Diagnosis Date:

mm/dd/yyyy

Illness Onset Date:

 04/28/2008

mm/dd/yyyy

Illness End Date:

mm/dd/yyyy

Illness Duration:

 Days

Age at Onset:

 Years

Required if NO
DOB, otherwise not
required.

Is the patient pregnant?

Does the patient have pelvic inflammatory disease?

Did the patient die from this illness?

 No

Epidemiologic

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Is this patient associated with a day care facility?

Is this patient a food handler?

Is this case part of an outbreak?

Required – fill in “No”
unless given specific
directions otherwise.

Where was the disease acquired?

Transmission Mode:

Detection Method:

Confirmation Method:

(Use Ctrl to select more than one)

- Laboratory confirmed
- Laboratory report
- Local/State specified
- Medical record review
- No information given

Confirmation Date:

mm/dd/yyyy

(Required for
Notification)

Case Status:

 Probable

(Required for
Notification)

MMWR Week:

 10

MMWR Year:

 2008

Administrative

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General Comments:

Condition Specific Custom Fields[Back to Top](#)

(Use Ctrl to select more than one)

Was clinically compatible illness present? (Fever or rash, plus one or more of the following signs: headache, myalgia, anemia, thrombocytopenia, leukopenia, or elevated hepatic transaminases)

No
Unknown
Yes

(Use Ctrl to select more than one)

Was an underlying immunosuppressive condition present?

No
Unknown
Yes

If yes, specify underlying condition:

(Use Ctrl to select more than one)

Morulae visualization?

No
Unknown
Yes

Date of death:

mm/dd/yyyy

Specify any life-threatening complications in the clinical course of illness:

Adult respiratory distress syndrome (ARDS)?

No

Disseminated intravascular coagulopathy (DIC)?

No

Meningitis/encephalitis?

No

Renal failure?

No

None?

Yes

Other?

No

If other, specify complication(s):

Patient Ehrlichiosis, Human monocytic

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